

ORIGINAL

CAO 439 (Rev. 03/08)		Administrative Office of the United States Courts		FOR COURT USE ONLY	
TRANSCRIPT ORDER				DUE DATE:	
<i>Please Read Instructions:</i>					
1. NAME Bobbie Weast		2. PHONE NUMBER (817) 246-3865		3. DATE 8/11/2014	
4. MAILING ADDRESS 833 Hallvale Dr.		5. CITY Fort Worth		6. STATE TX	7. ZIP CODE 76108
8. CASE NUMBER 4:14-CR-00023	9. JUDGE John McBryde	DATES OF PROCEEDINGS 10. FROM 7/28/2014 11. TO 7/29/2014			
12. CASE NAME USA v Weast		LOCATION OF PROCEEDINGS 13. CITY Fort Worth 14. STATE TX			
15. ORDER FOR					
<input type="checkbox"/> APPEAL		<input type="checkbox"/> CRIMINAL		<input type="checkbox"/> CRIMINAL JUSTICE ACT	
<input type="checkbox"/> NON-APPEAL		<input type="checkbox"/> CIVIL		<input type="checkbox"/> BANKRUPTCY	
				<input checked="" type="checkbox"/> OTHER	
16. TRANSCRIPT REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested)					
PORTIONS		DATE(S)		PORTION(S)	
<input checked="" type="checkbox"/> VOIR DIRE		7/28/14		<input type="checkbox"/> TESTIMONY (Specify Witness)	
<input type="checkbox"/> OPENING STATEMENT (Plaintiff)					
<input type="checkbox"/> OPENING STATEMENT (Defendant)					
<input type="checkbox"/> CLOSING ARGUMENT (Plaintiff)				<input type="checkbox"/> PRE-TRIAL PROCEEDING (Specify)	
<input type="checkbox"/> CLOSING ARGUMENT (Defendant)					
<input type="checkbox"/> OPINION OF COURT					
<input type="checkbox"/> JURY INSTRUCTIONS				<input type="checkbox"/> OTHER (Specify)	
<input type="checkbox"/> SENTENCING					
<input type="checkbox"/> BAIL HEARING					
17. ORDER					
CATEGORY	ORIGINAL (Includes Certified Copy to Clerk for Records of the Court)	FIRST COPY	ADDITIONAL COPIES	NO. OF PAGES ESTIMATE	
ORDINARY	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
14-Day	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
EXPEDITED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES 0		
DAILY	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
HOURLY	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
REALTIME	<input type="checkbox"/>	<input type="checkbox"/>			
CERTIFICATION (18. & 19.) By signing below, I certify that I will pay all charges (deposit plus additional).				ESTIMATE TOTAL	
18. SIGNATURE <i>Bobbie Weast</i>				0.00	
19. DATE 8-18-14				PROCESSED BY	
TRANSCRIPT TO BE PREPARED BY				PHONE NUMBER	
				COURT ADDRESS	
ORDER RECEIVED		DATE	BY		
DEPOSIT PAID				DEPOSIT PAID	
TRANSCRIPT ORDERED				TOTAL CHARGES	
				0.00	
TRANSCRIPT RECEIVED				LESS DEPOSIT	
ORDERING PARTY NOTIFIED TO PICK UP TRANSCRIPT				0.00	
				TOTAL REFUNDED	
PARTY RECEIVED TRANSCRIPT				0.00	
				TOTAL DUE	
				0.00	

DISTRIBUTION:

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TRANSCRIPTION COPY

ORDER RECEIPT

ORDER COPY

U.S. DISTRICT COURT
NORTHERN DISTRICT OF TEXAS
FILED
AUG 19 2014
11:20 am
CLERK, U.S. DISTRICT COURT
By _____ Deputy

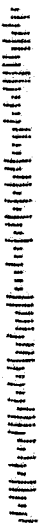
West
833 Hallwale Dr.
Fort Worth, TX 76108

2014 AUG 19 AM 11:20

CLERK OF COURT

Federal Courthouse
501 W. 10th St. Rm #310
Fort Worth, TX 76102-3673

76102364185



NORTH TEXAS TX F&DC
DALLAS TX 75201
18 AUG 2014 PM 8 L

